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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/609,662	<b>FILING DATE</b> 06/30/2000 <b>RULE</b> -	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2774	<b>ATTORNEY DOCKET NO.</b> 991331
<b>APPLICANTS</b> David A. Johnske, Bolingbrook, IL ; Renee E. Richardson, Sun Valley, CA ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/30/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b>  Richard D Harris Law Offices Of Dick And Harris 181 West Madison St Suite 3800 Chicago ,IL 60602				
<b>TITLE</b> Point of purchase display				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 1692

<b>SERIAL NUMBER</b> 09/609,662	<b>FILING DATE</b> 06/30/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2674	<b>ATTORNEY DOCKET NO.</b> 991331	
<b>APPLICANTS</b> David A. Johnske, Bolingbrook, IL; Renee E. Richardson, Sun Valley, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/30/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 34018					
<b>TITLE</b> Point of purchase display					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		